

Volunteer Application



"Excellence In Service"
Sheriff Jack Crabtree

Yamhill County Sheriff's Office

Yamhill County Courthouse
 535 N.E. 5th Street, Room 143, McMinnville, Oregon 97128-4595

Email: sheriff@co.yamhill.or.us

Business Office (503) 434-7506 • Fax: (503) 472-5330

Jail (503) 434-7507

Emergency 911

Contact Information			
Name			
Nicknames: maiden or any other name changes			
Street Address		City, State, Zip	
Home Number	Work Number	Cell Number	
E-mail address(s):		Oregon Driver's License or ID	
Distinguishing marks: scars or tattoos		List any languages you are fluent in other than English	
Person to Notify in Case of Emergency			
Name			
Street Address		City, State, Zip	
Home Number	Work Number	Cell Number	
E-Mail Address			
Education			
High School Attended:	Name Attended Under	Dates Attended: from: _____ to: _____	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>
Higher Education College Attended:	Dates Attended: from: _____ to: _____	Degree Received In:	
Name Attended Under	Years Completed:	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>	
Military Service - Branch	Job Title	Type of Discharge:	
Dates of Service: From _____ to _____			

It is the Mission of the Yamhill County Sheriff's Office to provide our citizens with high quality law enforcement services, in an ethical and fiscally responsible manner.

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Criminal History - Have you ever been arrested or detained by a law enforcement agency?

Yes No , If yes, explain, referencing the date, place and full details for each incident:

(Felony convictions could be grounds for disqualification of volunteer opportunities.)

Availability - During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Sat <input type="checkbox"/> Sun
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> Sat <input type="checkbox"/> Sun
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Weekend evenings	<input type="checkbox"/> Sat <input type="checkbox"/> Sun

Interests - Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> ARES	<input type="checkbox"/> Cadets	<input type="checkbox"/> CERT	<input type="checkbox"/> Dog Control	<input type="checkbox"/> Jail	<input type="checkbox"/> Posse	<input type="checkbox"/> SAR	<input type="checkbox"/> VRU
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Availability Special Skills or Qualifications: Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports including machinery you can operate: (typing, transcription, photography, short-wave radio, horse, etc). *Attach a second paper more room is needed.*

Previous Volunteer Experience - Summarize your previous volunteer experience (experience, length of time, etc.)

Employment History – List your last three employers beginning with your current:

Employer Name:	Phone:
Address:	City, State, Zip:
Title:	Worked from: _____ to: _____
Description of Duties:	
Employer Name:	Phone:
Address:	City, State, Zip:
Title:	Worked from: _____ to: _____
Description of Duties:	

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Employer Name:	Phone:
Address:	City, State, Zip:
Title:	Worked from: _____ to: _____
Description of Duties:	

Residential History - List your last three addresses in order, if you have not lived at your current residence for 7 years:

Address	From: _____ to: _____
Address	From: _____ to: _____
Address	From: _____ to: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)		
Signature		Date:

Office Use Only:

Date Received: _____ By: _____

CCH & ODL, by: _____ Date: _____

Volunteer Coordinator Review/Phone Contact Date: _____

Application forwarded to: _____ Date: _____

Attend Meeting: ARES Cadets Posse SAR VRU

Board interview ARES/ Cadets/ Posse/ SAR/ VRU

Schedule interview with Sheriff, Date: _____ Approval: Yes No

Letter to applicant: Welcoming Declining Date Sent: _____

Date Sworn: _____ Photo number: _____ Radio Number Assigned: _____

EIDS Completed, date: _____ EIDS info entered into ALL SO Sorted, date: _____

Added to Timesheet Spreadsheet, date: _____ Quartermaster Completed, date: _____

Notes/Comments: _____

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AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Yamhill County Sheriff's Office with any and all information that you may have concerning my work record, my reputation, my financial status and me. (Information of a confidential privileged nature may be included.) Your reply will be used to assist in determining my qualifications and fitness for the position I am seeking with the Yamhill County Sheriff's Office.

I hereby release you, your organization and others from my liability or damage that may result from furnishing the information requested.

ANY LACK OF COOPERATION OR DISCLOSURE REGARDING MY EMPLOYMENT HISTORY OR BACKGROUND MAY HAVE A NEGATIVE IMPACT ON MY ELIGIBILITY FOR CONSIDERATION OF VOLUNTEER STATUS WITH THE YAMHILL COUNTY SHERIFF'S OFFICE.

Date Signed Applicant's Printed Name Applicant's Signature

Date of Birth: _____ Place of Birth (City & State) _____

Height: _____ Weight: _____ Eye Color: _____ Current Hair Color: _____

SCHOOL INFORMATION RELEASE AUTHORIZATION

I hereby authorize release to the Yamhill County Sheriff's Office any information regarding my school records and transcripts.

Date Signed Applicant's Printed Name Applicant's Signature

MILITARY INFORMATION RELEASE AUTHORIZATION

I hereby authorize the release of my Military Service Record to the Yamhill County Sheriff's Office, McMinnville, Oregon 97128.

Date Signed Applicant's Service Number Applicant's Signature

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FORGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING INVOLUNTARILY DISCHARGED WITHOUT COURSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

Signature of Applicant: _____ Date: _____

State of Oregon, County of _____.

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary

My Commission Expires

Place Notary Seal Above